

Health Plan is a Medicaid prepaid health services plan approved by the New York State Department of Health to operate in the State since March 30, 1994. At present, as I mentioned, the plan operates in the five boroughs of New York City, as well as Westchester County, which I also represent, and in 11 other counties, and serves over 41,000 enrollees, including 37,000 Medicaid recipients.

Surveys conducted by the State of New York have not reported any quality of care deficiencies with Better Health. For the last 3 years, Better Health has operated under an exemption to the 75-25 rule that was granted by HCFA in June 1994. The waiver period ended last week on June 30 and Better Health will be required to send out notices of disenrollment to its enrollees unless this legislation is enacted. That is why it is so important we enact this legislation today. We must pass the measure before us today in order to ensure that the patients continue to receive the care they need.

I also want to mention, Mr. Speaker, that in addition, there are two other plans in New York that are also requesting waivers and find themselves in the same predicament that Better Health has found itself, and these two other plans are Health First and Genesis, the latter of which is in my district to a very large degree.

While both plans will not have to disenroll patients until later this year, because their waiver lasts a little longer, I would have preferred to see waivers granted for these plans also. I would have preferred to have seen it all in one bill. But should there be delays or problems arising in the future on the budget plan, I plan to work with my friend from New York, Mr. PAXON, and the Committee on Commerce should we need to address the situation later on in the year with regard to the other plans that I mentioned. So, Mr. Speaker, I strongly urge my colleagues to support this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. PAXON. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. ENGEL. Mr. Speaker, I yield such time as he may consume to the gentleman from New York [Mr. TOWNS].

Mr. TOWNS. Mr. Speaker, I thank my colleague for yielding me this time, and I want to begin by saying that I want to thank Members on both sides of the aisle and the leadership for moving this bill very quickly. Also I want to thank the staff on both sides of the aisle who have done a superb job. I could call the names, but I will not get into that because I might just leave a name out.

The Better Health Plan serves over 40,000 Medicaid recipients in the New York area. This plan provides services all over the five boroughs of New York City, including my district, which has close to 2,000 beneficiaries. Better

Health Plan offers many innovative health care programs for its Medicaid members and helps them become better consumers of health care, which is very, very important.

The plan also offers a wide variety of preventive services, including vision, hearing, lead screening tests and also provides counseling services for alcohol and tobacco and drug habits as well. The legislation waives the Medicaid 75-25 rule and will continue to make this plan available to New York residents.

My colleague mentioned earlier that there were some other New York plans that were also concerned about the fact that they were not included in this legislation. It is my hope that the waiver will come about and that we will not have to do that, but in the event it does not occur, I would like to assure him that I will join him in doing everything that I can to make certain that they are included because we need to make certain that people do not need to have frustration and tension because of the fact the 75-25 rule is in effect.

Again, Mr. Speaker, I want to thank my colleagues, the gentlemen from New York, Messrs. PAXON, ENGEL, MANTON and LAZIO, and also thank my staff person, Brenda Pillors, who worked very hard on this.

Mr. MANTON. Mr. Speaker, as an original cosponsor of this legislation, I rise in strong support of H.R. 2018, a bill to extend the 75-25 Medicaid waiver for Better Health Plan of Amherst. I want to thank my colleagues on the Commerce Committee, particularly Representatives PAXON, TOWNS, ENGEL, and LAZIO for their efforts in bringing this legislation to the floor in such a swift manner.

Better Health Plan of Amherst provides essential services to its beneficiaries in the five Boroughs of New York City and eleven counties throughout New York State. Of the 40,000 individuals Better Health Plan serves, 36,700 are Medicaid recipients. H.R. 2018 would ensure uninterrupted delivery of quality health care for those who rely on the services provided by Better Health Plan. The quality services provided by Better Health Plan range from increased access to health care to intensive health education for its members.

Mr. Speaker, I urge my colleagues to support this legislation which would guarantee that Better Health Plan of Amherst can continue to provide quality, low-cost health care to its numerous beneficiaries.

Mr. QUINN. Mr. Speaker, I rise today in support of H.R. 2018, a bill that provides a temporary Medicaid waiver for the Better Health Plan in New York. This is a bill that I strongly support, Mr. Speaker, and I urge all of my colleagues to do the same.

Thousands of Medicaid patients in New York are anxiously waiting to see if the doors to their health care office will remain open tomorrow morning, due to the 75/25 Medicaid enrollment provision. According to this provision, 25 percent of a health plan's patients must be enrolled from the private sector. If a health plan cannot meet this goal, they must start disenrolling patients. The Better Health Plan, in Amherst, NY is in danger of having to disenroll more than 36,000 Medicaid recipients, since their 75/25 waiver expired on June 30 of this year.

This bill will grant the Better Health Plan an extended waiver of the 75/25 provision until December 31, 1998, thereby aiding low income New York residents. I remain committed to ensuring quality care for New York Medicaid patients, which can be done by other means than a 75/25 provision. However, we cannot and should not sit here and order health care providers to close their doors on more than 40,000 patients. Quick action is needed to ensure that the quality care that Medicaid patients are now receiving from health plans will continue. The future of Medicaid recipients hangs in the balance at this time while the very real threat of termination of care and services to these lower income residents is dependent upon this vote. Please don't let these people down, support H.R. 2018.

Mr. ENGEL. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GOODLING). The question is on the motion offered by the gentleman from New York [Mr. PAXON] that the House suspend the rules and pass the bill, H.R. 2018, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. PAXON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 2018 and to insert extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

PROVIDING FOR CONSIDERATION OF H.R. 2016, MILITARY CONSTRUCTION APPROPRIATIONS ACT, 1998

Mrs. MYRICK. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 178 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 178

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 1(b) of rule XXIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 2016) making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 1998, and for other purposes. The first reading of the bill shall be dispensed with. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chairman and ranking minority member of the Committee on Appropriations. After general debate the bill shall be considered for amendment under the five-minute rule. Points of order against provisions in the bill for failure to comply with clause 2 or